



JOB ENHANCEMENT LOAN APPLICATION

Business Name (as reflected on loan application): _____

Business Name (as on file with the Secretary of State): _____

Social Security #: _____ Tax I.D #: _____ President/CEO: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Physical address of Project (if different than mailing address): _____

City: _____ County: _____ State: _____ Zip: _____

Phone #: _____ FAX #: _____

Contact Name and Phone Number: _____

Name and Address of Parent Company (if different from above): _____

Nature of Business: _____ NAICS Code: _____

Purpose of Loan: New Business Expansion of Existing Business Job Retention

Amount Requested: _____ Total Cost of Project: _____ Number of Borrowers: _____

Eligible businesses include new, existing or expanding firms operating in Missouri that employ 10 or more employees on a yearly average, and are able to create at least one permanent full-time job (32 or more hours per week) during the deposit period for each \$50,000 borrowed in the Missouri Linked Deposit Program. The same criteria apply for job retention, but documentation will be required to establish "retention." (For example: a letter from an economic development entity stating how they have worked with a particular company and describing how the jobs would be lost to the state.)

Specific category(ies) of loan use (Check all applicable):

Relocation expense _____ Working capital _____ Interim construction _____

Inventory _____ Site development _____ Machinery & equipment _____

Other (Specify) _____



OFFICE OF THE MISSOURI
STATE TREASURER

The Office of the Missouri State Treasurer | PO Box 210 | Jefferson City, Missouri 65102
(573)751-2372 | LinkedDeposits@treasurer.mo.gov | <https://www.treasurer.mo.gov/LinkedDeposit>



DEMOGRAPHIC INFORMATION:

Have you participated in the Missouri Linked Deposit Program Previously? Yes No

If yes, what time period: _____

Are you a minority-owned firm and/or a female-owned firm or neither (question required by 30.758, RSMo)

Are you a veteran, reservist or member of National Guard or the spouse of such or neither

Are you using a Small Business Administration (SBA) guarantee for this loan? Yes No

Current number of full-time employees: _____ (Minimum of 32 hours per week.)

Current number of part-time employees: _____ (These employees should not be included in the full-time employee number.)

Does this information differ from your last report to the Division of Employment Security regarding number of employees?

Yes No If yes, how?

Does your company combine information for other sites in the state for purposes of reporting to the Division of Employment Security or is this the only location?

(If combined, please list the totals by Missouri cities.)

How many permanent, full-time positions will be created during deposit? _____

Please provide estimated time frame. _____

Job titles, wages and descriptions for these positions to be created during deposit? _____

The primary purpose of the Missouri Linked Deposit Program is job creation. Therefore, audits will be performed to ensure that the projected number of jobs listed on the borrower’s original loan application are created by the company during the deposit period and that loan proceeds are used in accordance with the law. If the borrower does not meet these requirements, the Missouri State Treasurer will increase the interest rate charged on the deposit to the market rate that would normally be paid on deposits. The lender, in turn, may pass this on to the borrower in the form of an increase in the normal lending rate instead of the reduced interest rate.



APPLICANT CERTIFICATION:

In submitting this application, I the undersigned eligible borrower, have read the following and hereby certify and agree that I meet the following eligibility criteria:

- (a) Am I headquartered in Missouri True False
- (b) Maintain operations and transact business in Missouri True False
- (c) Employ 10 or more employees in Missouri on a yearly average True False
- (d) Am organized for profit True False
- (e) Employ only legal workers* True False
- (f) Business has no environmental compliance issues with the Missouri Department of Natural Resources.* True False
- (g) No owner has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; no owner is currently facing charges for a felony or a crime of moral turpitude; and no owner is currently on probation for any crime.* True False
- (h) I have read and verify I am in compliance with all state statutes and policies of the Missouri State Treasurer's office relative to the Missouri Linked Deposit Program. True False

* NOTE: The Missouri State Treasurer's office may require documentation to verify compliance with these statements.

I further certify that I have the requisite authority to complete this application on behalf of the applicant and that by my signature the applicant and all employees of the applicant shall be bound by its terms and the provisions of sections 30.750 through 30.850, Revised Statutes of Missouri. I certify that this linked deposit loan shall be used exclusively for the purposes indicated in this application. I acknowledge that receipt of the reduced interest rate loan applied for herein carries the obligation to create or retain the number and type of jobs described in this application. I agree to immediately notify the Missouri State Treasurer if there is a reasonable expectation that the applicant will not be able to create or retain the number and type of jobs described herein. I understand that if the applicant will not be able to or does not meet the job creation/retention projections stated herein, the Missouri State Treasurer may deem it necessary to modify the amount, term or interest rate of the deposit, as appropriate. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Missouri State Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests, including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability, and that I am aware of the Conflict of Interest Policy adopted by the Missouri State Treasurer's office and I comply with that policy. Further, I certify that I am in compliance with all state and federal laws.

I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.

Signature (Signature on file at the Financial Institution)

Title (if business)

Date



BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the Missouri State Treasurer’s office and, if requested, the lending institution will re-examine and re-certify the applicant’s eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the Missouri State Treasurer’s office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the Missouri State Treasurer’s office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this loan.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the Missouri State Treasurer’s office. (Resources that may be used to verify certification includes copies of driver’s license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

The interest rate that would normally apply to this loan is _____%

I am requesting a multi-year fixed rate? Yes No *If yes, please submit justification and indicate term.*

See Attachments

For Lender

Signature (Electronically Signed)

Title

Date

ATTACHMENTS

Please attach a brief description of the proposal which should include an overview of the company (background and product information, etc.); and an explanation of how the linked deposit will be utilized.

Job titles, wages and descriptions for these positions to be created during deposit.

Description of benefits.

If requesting multi-year fixed rate, attach justification and indicate term.